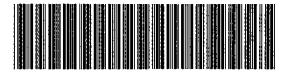
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COVER LETTER

TO:

Registration Section

Divisi	ion of Corporations	
SUBJECT:	AVN USA LLC	
~~~~		Name of Limited Liability Company
		ed Liability Company for Authorization to Transact Business in Florida," Certificate of r the above referenced foreign limited liability company to transact business in Florida.
Please return a	Il correspondence concerning	this matter to the following:
	Cleman Agami	
		Name of Person
	AVN USA LLC	
	<del></del>	Firm/Company
	1461 Cambridge dr	
		Address
	Clearwater, FL 33756	3
		City/State and Zip Code
	c.agami@botanicalsi	nt.com
	E-mail add	ress: (to be used for future annual report notification)
For further info	ormation concerning this matte	r, please call:
Clem	nan Agami	818 261 2016
<del></del>	Name of Person	Area Code Daytime Telephone Number
Division Regist P.O. B	on of Corporations ration Section sox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
		amount:  D Filing Fee & □\$155.00 Filing Fee & ☑\$160.00 Filing Fee, Certificate cate of Status  Certified Copy  of Status & Certified Copy

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AVN USA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) January 1, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1461 Cambridge Dr Clearwater Fl 33756 (Street Address of Principal Office) 1461 Cambridge dr Clearwater Fl 33756 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Cleman Agami, CEO 1461 Cambridge Dr Clearwater Fl 33756 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) Signature) of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Cleman Agami

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Co.C		2014 JAN 13 SLURETAR FALLAHAS
If unavailable,	the alternate to be used in	n the state of Florida is:	OF STATE
2. The name a	and the Florida street addr	ess of the registered agent and office are	e:
	Cleman Agami		
		(Name)	
	1461 Cambridge Dr	Clearwater Fl 33756	
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	<del></del>
	Clearwater	_{FL} 33755	
		City/State/Zip	
liability compa registered ager statutes relatin	ny at the place designated at and agree to act in this of to the proper and compligations of my position as r	and to accept service of process for the a lin this certificate, I hereby accept the apcapacity. I further agree to comply with ete performance of my duties, and I am fregistered agent as provided for in Chaptage.	ppointment as the provisions of all amiliar with and
	(\$	Signature)	
	\$ 100	.00 Filing Fee for Application	

\$ 25.00 \$ 30.00

5.00

**Designation of Registered Agent** 

Certified Copy (optional)
Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AVN USA LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2013.

5431607 8300

131424356

AUTHENTY CATION: 0989600

DATE: 12-17-13

You may verify this certificate online at corp.delaware.gov/authver.shtml